( T)	DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES						
663	DIVISION OF ENVIRONMENTAL HEALTH						
GOV (NO	CHILD CARE FACILITY						
W.	INSPECTION REPORT		A Joint lou				
	ASON GRADE Inspection Date: ESTABLISHMENT NAME:		THE RESERVE				
Regular	D 3/12/18 THE GIVING TREE CHILDREN'S	THE GIVING TREE CHILDREN'S ACADE MY OWNER/OPERATOR:					
Follow-U Complair	TA MARKING MARKET	TA MORTH DONG MAELONIE					
Investiga	tion RATING 3:30 PM 4:35 PM TA MOBIN DONG, MAELI	TA MOBIN DONG, MAELONIE  LOCATION: 108 LODO STEEFT Establishment Type:					
Other:	Sanitary Permit No. I NO. S. DEDISOD. GLAM I C	CL/ NURSERY					
	A 20000- 7003/22 PERMIT STATUS:	emporary _	Expired				
	Idren: 7 Male 10 Female 17 Total Child Care License: No.: 17 149 / Valid /						
The	following items identify violations found this day in the operations and facilities which must be	e corrected	by the next				
Inspectio	n or sooner as the Department indicates. Non-compliance may result in downgrading or pe a written request for hearing must be submitted before the indicated correction	rmit suspen:	sion. To appeal				
!TEM*	REMARKS		CORRECT BY				
	A REGULAR INSPECTION WAS CONDUCTED		PRODUCTION OF THE PARTY OF THE				
	(0,A)-						
	THE FOLLOWING VIOLATIONS WERE OBSERVED:						
#13	NO PAPER TOWEL PROVIDED FOR HAND WASH SINK	You	4/12/2018				
		71 505	1/2/2018				
	PAPER TOWELS SHALL BE PROVIDED TO PROMOTE	_					
	PROPER HAND WASH HYGE IENE, COS. MEMS.						
	PEPLENISHED.						
#17	PAINT PEELING IN VARIOUS ROOMS IN THE	2	4/12/2018				
	ESTABLISHMENT.		M-11111				
	All WALLS 南CT AND CEILINGS SHALL BE KEPT		A 1				
	HAZARDS						
#34	BLEACH SANITIZER NOT PROPERLY STORED A WAY	ZCos.	4/12/2018				
	FROM CHILDREN.						
	ALL CLEANING EQUIPMENT AND SUPPLIES SHALL BE						
	STORED IN LOCKED CABINET TO PREVENT CHEMI-						
1.1	CAL HAZARDS COS. SAMTIZER PROPERLY STORED.						
	ve read and understand the above violation(s) and I am aware of the corrective me	asures to t	be taken.				
	When any of the following items are above, they shall be corrected within	VII )IV	MIMIN) MO				
OitCu .	10 days of this inspection:  DEH Inspector (Name & Title):	IT U, IVI	1 VIVOVIA				
10 days of this inspection: (2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).  DEH Inspector (Name & Title):  CTAKASE							

Rev: 08/2/05 DEH-06

		Tally		BLIC HEALTH AND SOCIAL SERVICE	S		
			CHIL	F ENVIRONMENTAL HEALTH  LD CARE FACILITY  PECTION REPORT			
		GRADE    Inspection Date:   STABLISHMENT NAME:   THE GIVINGT TREE CHILDREN'S				TE  Imment Type:  / NUP STERY  EmporaryExpired  / Provisional / / Expired  be corrected by the next	
inspection	or soone	r as the Dep	artment indicates. Non equest for hearing mus	-compliance may result in downgrading of the submitted before the indicated corre	or permit suspen ction date.	sion. To appe	
₹   EIVI		e ·	HEIVI	ARKS	DEMERII	CORRECTE	
	PHOTOS TAKEN.					-10744 (2)	
	"A" PLACARD # 0302   ISSUED						
	PIC	BRIEF	ED ON THE	ABOVE.			
						VIII SHOW	
						II II S S II I AW	
						er (al lu	
1							
I have	e read an	nd understa	and the above violetic	un(s) and I am aware of the corrective		h a talaan	

\*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title)

(YV) Junuly

DEH Inspector (Name & Title):

J. GARCIA EPHOL

GTAKAJE EAHOLA